



State of New Hampshire 2014 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2014

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed
Date Filed: 02/18/2014
Business ID: 23705
William M. Gardner
Secretary of State

BANKS CHEVROLET-CADILLAC, INC.

% Peter F. Burger, Esq., One Eagle Square PO Box 3550
Concord, NH 03302

ADDRESS OF PRINCIPAL OFFICE:

137 MANCHESTER ST
CONCORD, NH 03301

REGISTERED AGENT AND OFFICE:

Burger, Peter F, Esq
1 Eagle Square
Concord, NH 03301

ENTITY TYPE: CORPORATION
BUSINESS ID: 23705
STATE OF DOMICILE: NEW HAMPSHIRE

MOTOR VEHICLES SALES

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

- ☒ The new mailing address c/o Peter F. Burger, Esq., P.O. Box 3550, Concord, NH 03302
☐ The new principal office address _____

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

NAME Tracy J. Banks - President and Treasurer
STREET 137 Manchester St.
CITY/STATE/ZIP Concord, NH 03301
NAME _____
STREET _____
CITY/STATE/ZIP _____
NAME _____
STREET _____
CITY/STATE/ZIP _____
NAME _____
STREET _____
CITY/STATE/ZIP _____

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

NAME Tracy J. Banks
STREET 137 Manchester Street
CITY/STATE/ZIP Concord, NH 03301
NAME _____
STREET _____
CITY/STATE/ZIP _____
NAME _____
STREET _____
CITY/STATE/ZIP _____
NAME _____
STREET _____
CITY/STATE/ZIP _____

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

To be signed by an officer, director, or any other person authorized by the board of directors.
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: _____

Please print name and title of signer: Tracy J. Banks / President

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL): _____

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